

Student Identity

First Name: _____

Family Name: _____

Home Institution

Name: _____

ERASMUS Code (for European Institutions): _____

Student advisor: _____

Host Institution

 Name: **Ecole Centrale de Nantes**

 ERASMUS Code (for European Institutions): **F NANTES 07**

 Student advisor: **Farouk BELKADI**
MASTER 1 in Industrial Engineering - Smart and Connected Enterprise (I-ENG SCE)

Semester	Acronym	Course Title	ECTS Credits	
1 st semester (September to January)	M1_FLE1*	French Language*	2	<input type="checkbox"/>
	M1_I_ENG_CSM	Basics of Computer Science and Mathematics	4	<input type="checkbox"/>
	M1_I_ENG_DESIMU	Discrete-Event Simulation	4	<input type="checkbox"/>
	M1_I_ENG_ECOGEL	Financial and Economic Aspects for Industrial Engineering	4	<input type="checkbox"/>
	M1_I_ENG_ENTMOD1	Enterprise Modelling	4	<input type="checkbox"/>
	M1_I_ENG_METOP	Introduction to Optimization Methods	4	<input type="checkbox"/>
	M1_I_ENG_PRODMANAG1	Production Management	4	<input type="checkbox"/>
	M1_I_ENG_STAD	Statistics and Data Analysis	4	<input type="checkbox"/>
2 nd semester (February to June)	M1_FLE2*	French Language*	2	<input type="checkbox"/>
	M1_I_ENG_E40P	Entreprise 4.0 processes	4	<input type="checkbox"/>
	M1_I_ENG_INFOSYS1	Introduction to Information systems	4	<input type="checkbox"/>
	M1_I_ENG_INNOV	Innovation Engineering	4	<input type="checkbox"/>
	M1_I_ENG_IR	Introduction to Research	4	<input type="checkbox"/>
	M1_I_ENG_OR	Operation research	4	<input type="checkbox"/>
	M1_I_ENG_PROJMNGT	Project Management	4	<input type="checkbox"/>
	M1_I_ENG_SUSTENT	Strategic management of Sustainable enterprise	4	<input type="checkbox"/>

*The course may not open if the number of students is not sufficient and **there is no possibility of choosing this course once the mobility is started** **Total (to complete) Min of 15 ECTS**

Student Signature:

Date: __/__/____

 I certify that I have chosen the courses and ECTS credits required to validate my exchange mobility. Then, no changes can be made once the mobility starts unless there are exceptional and justified reasons.

Home institution advisor (Name, date and signature)

Name:

Date: __/__/____

 This exchange mobility is certified to comply with the agreements signed between our establishments (especially regarding the minimal ECTS credits to be validated).

ECN Master track supervisor

Farouk BELKADI

__/__/____

ECN Academic Affairs

Patrick ROZYCKI

__/__/____

ECN International Office

Vincent FREMONT

__/__/____

 Contact: international@ec-nantes.fr